	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 26 (check only one) X 11a	
or for comm	tion copied from such Reports and S ercial purposes, other than using the F COMMITTEE (In Full) IIATRIC SOLUTIONS INC. FEE	name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
Full Nam William P Mailing A				Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City <u>Meridia</u>	n	State MS			
	number of contributing olitical committee.	C		1000.00	
	Employer	Occupation CEO		_	
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Full Nam Sabrina F Mailing A		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City		State	Zip Code	Transaction ID: SA11Al.4125	
	number of contributing olitical committee.	C	89521	Amount of Each Receipt this Period 500.00	
gs	Employer ls & Willow Sprin-	Occupation CFO	n		
	For: mary General ner (specify) ♥	Aggregate	e Year-to-Date ▼ 500.00]	
	Full Name (Last, First, Middle Initial) Larry Pieretti Mailing Address 921 Aqua Lane			Date of Receipt	
Mailing A				0 4 1 0 2 0 0 8	
City Ft. Mey	oro	State FL	Zip Code 33919	Transaction ID: SA11AI.4152	
FEC ID r	number of contributing olitical committee.	C	22313	Amount of Each Receipt this Period 2000.00	
Name of Psychiat c.	Employer ric Solutions, In-	Occupation Division	n President		
Receipt F	For: mary General ner (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00		
	L of Receipts This Page (optional)	<u>I</u>		3500.00	